

## Exempt – Non Elected ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Representation	Non-Represented
Contract Date	January 12, 2016
Health and Welfare	
Benefit Level	Full Time (61 – 80 hours)
Medical Premium Subsidy (MPS)	Employee Only \$230.00 Employee + 1 \$352.23 Employee + 2 \$482.64
Dental Premium Subsidy (DPS)	Up to \$9.46
Medical Opt-Out	Before 7/9/05 \$161.54 After 7/9/05 \$40.00
Medical Waive	Before 7/9/05 \$230.00 After 7/9/05 \$40.00
Vision	Employer Paid for Employee & Dependent Coverage
Life Insurance Employer Paid	\$50,000
Voluntary Term Life	Employee: \$10,000 - \$700,000 Spouse/Domestic Partner: \$10,000 - \$250,000 Child(ren): \$5,000 - \$20,000
Voluntary AD&D	Employee: \$10,000 - \$250,000 Spouse/Domestic Partner: \$5,000 - \$125,000 Child(ren): \$3,125 - \$25,000
Variable Group Universal Life County Contribution	Group A $-$ 100% of 1x Annual Salary Group B $-$ 50% of 1x Annual Salary or 100% of $\frac{1}{2}$ x Annual Salary Group C $-$ 25% of 1x Annual Salary Group D $-$ 25% of 1x Annual Salary
Leave Provisions (effective PP 01/11)	
Vacation	80-160 hours/year (Maximum carryover of 480 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)
Sick	3.69 hours
Bereavement	2 days per occurrence (3 if traveling > 1,000 miles)
Holiday	13+1 floating/year (Maximum carryover of 112 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)
Administrative	80 hours/year One opportunity during employment to exercise cash-out option
Perfect Attendance (Groups C and D)	16 hours of Perfect Attendance Leave
Retirement	
Tier I Hired PRIOR TO January 1, 2013	2.0% at age 55  SAFETY – 3% at age 50  Supplemental Contribution
reciprocity provision may apply	Supplemental Contribution  Group A \$442.53 Group B \$236.41  Group C \$152.17 Group D \$ 94.67

<u>Tier II</u> Hired ON or AFTER January 1, 2013	2.5% at age 67 SAFETY – 2.7% at age 57
reciprocity provision may apply	
Retirement – Other	
<b>457(b)</b> Eligible to enroll at any time	Groups A & B = County contribution 1 times Employee contribution, up to $1\%$ Groups C & D = County contribution $1/2$ times Employee contribution, up to $1/2\%$
<b>401(k)</b> Eligible to enroll at any time	Groups A, B, & C=County contribution 2 times Employee contribution, up to 8% Group D = County contribution 2 times Employee contribution, up to 6%
Retirement Medical Trust Fund - Sick Leave Conversion	Employees become eligible to convert a portion of their sick leave to the Retirement Medical Trust upon attaining 5 or more years of participation with SBCERA and/or other public retirement system(s).
	County Contribution, based on years of participation in a Public Retirement System:
Retirement Medical Trust Fund - County Contribution	5-9 years = 1.00% of biweekly base salary 10-15 years = 1.75% biweekly base salary 16+ years = 2.75% biweekly base salary
Other	
529 Education Savings Plan	Eligible
Annual Tuition Reimbursement	\$1,000 per Employee
Automobile Allowance	Groups A & B, Assistant Sheriffs, Sheriff's Deputy Chiefs Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle
Dependent Care Assistance Plan	Eligible
Flexible Spending Account (FSA)	Annual maximum contribution of \$2,600 Plus up to \$40 County Match
Healthy Lifestyle Program	Health Club Membership Reimbursement, up to \$324/year and Annual Physical Exam
Long Term Disability	60% up to \$10,000/month
Portable Communication Device Allowance	Groups A & B – biweekly allowance of \$92.31
Qualified Transportation Plan	Pre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses
Short Term Disability	55% up to \$1,734/week

The County offers Premium Subsidies biweekly to help off-set the cost of your medical and dental premiums.

**Example 1:** The Undersheriff elects Kaiser Permanente and Delta Dental PPO plans with Employee + 2 or more coverage:

\$898.55 (combined cost of premiums)

- \$482.64 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$406.45 (biweekly out-of-pocket cost)

**Example 2:** The County Surveyor elects Blue Shield Signature HMO and DeltaCare USA DHMO plans with Employee + 2 or more coverage:

\$699.38 (combined cost of premiums)

- \$482.64 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$207.28 (biweekly out-of-pocket cost)

Example 3: The Chief Probation Officer elects Blue Shield Signature HMO and Delta Dental PPO plans with Employee + 1:

\$526.95 (combined cost of premiums)

- \$352.23 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$165.26 (biweekly out-of-pocket cost)